

FORM 3011-1 (1/08)

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OKLAHOMA

Ag FILED

2009 MAY -7 PM 3:55

MICHAEL J. CLERK
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF OKLA.

IN RE:

Tiger Petroleum CompanyCase No. 99-01273Chapter 7

Debtor(s).

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

The Financial Resources Group Inc. ("Applicant") applies to this Court for entry of an order directing the Clerk to remit the sum of \$879.70 due to Charles Robin ("Claimant").

1.	Full legal name of Claimant (If Claimant is an individual, skip to Question No. 5)	Charles Robin
2.	Type of Entity (corporation, LLC, partnership)	
3.	State of Incorporation/Organization	
4.	Name and Title of Authorizing Officer or Representative	
5.	Current Mailing Address	2432SpyGlass Dr. Brentwood, CA 94513-4623
6.	Telephone Number	925-240-9652
7.	SS# (last 4 digits only) or EIN #	9564
8.	Amount Being Claimed	\$879.70

Applicant represents that Applicant is authorized to submit this Application and is entitled to receive the requested funds based upon:

(check the applicable box)

- ☐ Applicant is the original creditor and owner of the funds as it appears on the records of this Court;
- ☐ Applicant is the assignee of the original creditor's claim to said funds, as evidenced in the attached documentation;
- ☐ Applicant is the original creditor's successor in interest, as evidenced in the attached documentation;

FORM 3011-1 (1/08)

- ☒ Applicant is an attorney or "funds locator," named in a special/limited power of attorney, which document is attached hereto, that is valid under the laws of the State of Oklahoma, that empowers Applicant to collect the unclaimed funds described above on behalf of the Claimant. Applicant states that the Claimant is the:

(check the applicable box)

- ☐ original creditor and owner of the claim;
- ☐ original creditor's attorney with authorization to receive said funds;
- ☐ assignee of the original creditor's claim to said funds;
- ☐ successor in interest of the original creditor; or
- ☒ personal representative of the original creditor's estate.

Attached to the Application is the "Affidavit of Claimant." (*The Affidavit of Claimant is required only if the Applicant is an attorney or funds locator.*) Applicant completed all necessary information on the Affidavit of Claimant prior to providing such Affidavit to the Claimant for execution. (*This is necessary to ensure that the alleged claimant, contacted by a funds locator, has sufficient information to verify that he/she/it is in fact entitled to the funds that the attorney or "funds locator" is applying for on behalf of the Claimant.*)

This Application is submitted with the necessary documents to establish (1) Applicant's authority to collect the unclaimed funds on behalf of the Claimant and (2) the Claimant's entitlement to the particular unclaimed funds. The Application was completed and submitted in accordance with this Court's **Instructions for Filing an Application for Payment of Unclaimed Funds**.

Applicant declares under penalty of perjury that sufficient inquiry has been made to determine that the above funds have not been previously paid, no other applications for payment of said funds are pending, and no party other than Claimant is entitled to submit a request for disbursement of the funds.

Applicant certifies that a copy of this Application (and all attachments) was provided to the Office of the United States Attorney, Northern District of Oklahoma, Attn: Civil Process Clerk, 110 W. 7th Street, Suite 300, Tulsa, Oklahoma 74119-1029, as evidenced by the Certificate of Service attached hereto.

Applicant requests that the Court enter an Order directing payment of the unclaimed funds described above to the Applicant, or if the Applicant is not the Claimant, to the Applicant and Claimant, in accordance with the documents submitted in support of the Application.

FORM 3011-1 (1/08)

Signature Block for an Entity

Dated: 4/28/09

EIN #: 91-1592987
(of the Applicant)

The Financial Resources Group, Inc.
Name of Applicant (if not an individual)

By: [Signature]
Print Name: Larry L. Moses
Title: General Manager

700 Mechem Dr., Suite 8B
Street Address

Ruidoso, NM 88345
City/State/Zip
575-257-1607
Telephone (including area code)

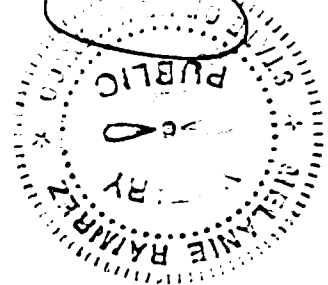
State of NM)
) ss.
County of Lincoln)

Before me, Melanie Ramirez, a notary public in and for said state, on this 28th day of April, 2009, personally appeared Larry L. Moses, as General Mngr. [capacity, e.g. president, treasurer] who executed the within foregoing instrument on behalf of The Financial Resources Group, Inc. [name of entity], and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed on behalf of said Corporation [type of entity, e.g. corporation, limited liability company, partnership] for the uses and purposes therein set forth.

[SEAL]

My commission expires: 12/21/11

[Signature]
Notary Public



Letter of Authorization

KNOW ALL THESE MEN THESE PRESENT , that I,

Frank Kloss, President of The Financial Resources Group, Incorporated.,

hereby appoint Larry L. Moses, General Manager, as The Financial Resources Group, Incorporated's authorized representative to seek recovery of the undistributed, unclaimed, or undeliverable tenders of funds held by the United States Treasury.

Signed this 28th day of April, 2008

The Financial Resources Group, Incorporated
Company Name

By [Signature]
Signature

THE FINANCIAL RESOURCES GROUP, INC.

Frank Kloss
President

Frank Kloss
Print Name

President
Title

700 MECHEM DRIVE, SUITE 8B
RUIDOSO, NEW MEXICO 88345
TELEPHONE 800-328-9174 FAX 800-352-0597

State of New Mexico, County of Lincoln

The above named Frank Kloss, known to me to be the individual described in (and holding the position designated in) the foregoing instrument, appeared before me and acknowledged the execution thereof to be his/her free act and deed.

Before me: [Signature]

Notary Public

My Commission expires: 6/30/11



Copy of Larry L. Moses' Drivers License

NEW MEXICO

DRIVER'S LICENSE

License # 123708725 ISSUED 06/11/2008
Date of Birth 05/11/1947 EXPIRES 06/11/2016

**MOSES
LARRY L**

307 MAIN RD
RUIDOSO, NM 88148

SEX M HEIGHT 6'01"
WEIGHT 182 EYES BRO
CLASS D ENDORSEMENTS NONE
DONOR ♥ RESTRICTIONS NONE

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OKLAHOMA

In re:) Case No. 99-01273-M
Tiger Petroleum Company)
Debtor) Chapter 7
_____)

AFFIDAVIT OF CREDITOR

I, Charles Robin, the undersigned creditor in the above
referenced case declare as follows:

1. THE FINANCIAL RESOURCES GROUP, INC. has been granted a
limited power of attorney by me to submit an Application For Payment
of Unclaimed Funds seeking payment of claim no. 26 in the amount of
\$879.70 due and owing to me as a creditor in the above referenced
bankruptcy case.

2. My name, address, and telephone number are as follows:

Charles Robin, executor of estate, Rob Robin
2432 Spyglass Dr.
Brentwood, CA 94513
Phone: 925-240-9652

3. I have neither previously received remittance for this claim
nor have I contracted with any other party other than the person
named in item one above to recover these funds.

I declare under penalty of perjury that the foregoing statements
are true and correct to the best of my knowledge and belief.

Dated: 3/6/09

Charles Robin
Creditor

SS# 037-12-9564

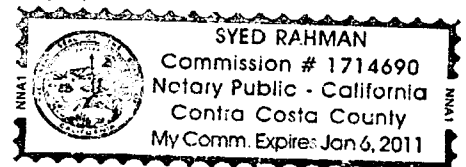
Subscribed and sworn to before me this
6th day of MARCH, 2009.

[Signature]
NOTARY PUBLIC, AT LARGE
STATE OF CALIFORNIA

My Commission Expires: JAN. 06, 2011

Proved to me on the basis of satisfactory
evidence to be the person who appeared before me.

Proved to me on the basis of satisfactory
evidence to be the person who appeared before me.



UNITED STATES BANKRUPTCY COURT

Northern District of Oklahoma

In re:

Tiger Petroleum Company

Debtor

Case No: 99-01273-M

Chapter: 7

SPECIAL POWER OF ATTORNEY

To The Financial Resources Group, Inc., of 700 Mechem Dr., Suite 8B, Ruidoso, NM 88345

The undersigned claimant hereby authorizes the above named funds locator firm, Attorney-in-fact for the undersigned for me (us), (we), to act in my (our), (us) place and stead and for the benefit, ONLY to collect and disburse abandoned funds, or undistributed, unclaimed, or undelivered tenders or funds in the amount of:

\$879.70

Dated: 3/6/09

Signed: Charles D. [Signature]

Address: 2432 Spyglass Dr.

Brentwood, CA, 94513

Social Security Number: XXX-XX-9504

Acknowledged before me on 6th March 2009

SEE CALIFORNIA ACKNOWLEDGEMENT ATTACHED

Notary Public

My Commission Expires: JAN. 06, 2011

(seal)

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of CONTRA COSTA

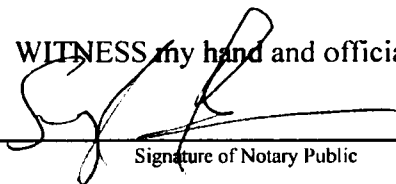
On 6th MARCH 2009 before me, SYED RAHMAN, NOTARY PUBLIC,
(Here insert name and title of the officer)

personally appeared CHARLES COLEMAN ROBIN

who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.


 Signature of Notary Public



(Notary Seal)

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

SPECIAL POWER OF ATTORNEY

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 1 Document Date 3/6/09

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

Copy of Drivers License

DMV CALIFORNIA DMV

DRIVER LICENSE

CLASS: C

EXPIRES 02-09-10



CHARLES COLEMAN ROBIN
4636 FAWN HILL WY
ANTIOCH CA 94509

SEX: M HAIR: BRN EYES: BRN
HT: 5-11 WT: 200 DOB: 02-19-52

Charles C. Robin
12/22/2004 235 RB FD/10

708 Third Street
Brentwood, CA 94513-1396

All Offices are open Monday - Friday
Utility Billing: (925) 516-5415 8:00A.M. - 5:00P.M.
Solid Waste: (925) 516-6090 7:30A.M. - 3:30P.M.
Public Works: (925) 516-6000 7:30A.M. - 4:00P.M.

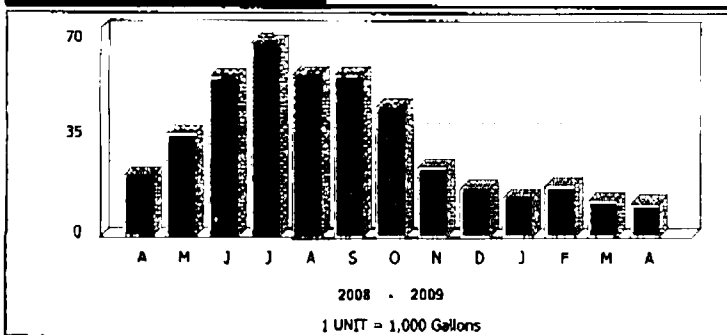
AUTO5-DIGIT 94513 14 PSS 53245RAD9-A-2
3504 1 AV 0.324



CHARLES C ROBIN
2432 SPYGLASS DRIVE
BRENTWOOD CA 94513-4623

Current Address

YOUR MONTHLY USAGE



SPECIAL MESSAGE

Aerate this month to improve water absorption due to compacted soil caused by foot and equipment traffic.

Statement

ACCOUNT INFORMATION

ACCOUNT: 0111-01350-01
SERVICE ADDRESS: 2432 SPYGLASS DRIVE
SERVICE PERIOD: 03/05/09 TO: 04/07/09
BILLING DATE: 04/09/2009

CURRENT CHARGES

Meter	Previous	Current	Usage	Amount
57241961	1586000	1597000	11000	
USAGE TIER 1 - 10 Units @ 2.65 / Unit				\$26.50
USAGE TIER 2 - 1 Units @ 3.16 / Unit				\$3.16
WATER USAGE CHARGE				\$29.66
WATER BASE				\$25.43
SEWER LATERAL				\$1.27
SEWER USAGE				\$36.73
GARBAGE				\$33.76

AMOUNT NOW DUE

LAST PAYMENT:	04/01/2009	(\$130.01)
CURRENT CHARGES NOW DUE		\$126.85
AMOUNT DUE BY 05/07/09 TO AVOID PENALTY		\$126.85
AMOUNT DUE AFTER 05/07/09		\$133.19

PAYMENT IS NOW DUE. IF NOT PAID BY THE DATE LISTED ABOVE, A 5% LATE CHARGE WILL BE ADDED AND YOUR SERVICE MAY BE INTERRUPTED. THERE IS A NIGHT DEPOSITORY FOR YOUR CONVENIENCE. FAILURE TO RECEIVE A BILL OR PAYMENTS DELAYED IN MAIL DOES NOT VOID A LATE CHARGE.

Payment

Coupon

ACCOUNT INFORMATION

ACCOUNT: 0111-01350-01
SERVICE ADDRESS: 2432 SPYGLASS DRIVE
SERVICE PERIOD: March 5, 2009 TO: April 7, 2009
BILLING DATE: 04/09/2009
DUE DATE: May 7, 2009

CHARLES C ROBIN
2432 SPYGLASS DRIVE
BRENTWOOD CA 94513-4623



PLEASE RETURN THIS PORTION ALONG WITH YOUR PAYMENT

AMOUNT DUE

AMOUNT DUE BY 05/07/09	\$126.85
AMOUNT DUE AFTER 05/07/09	\$133.19

AMOUNT ENCLOSED

REMIT PAYMENT TO:

CITY OF BRENTWOOD
PO BOX 515482
LOS ANGELES CA 90051-6782

01110135001 0000012685

CERTIFICATION OF VITAL RECORD

STATE OF RHODE ISLAND
AND
PROVIDENCE PLANTATIONSPHYSICIANS MUST COMPLETE SHADED
AREAS ONLY. FUNERAL HOME MUST
COMPLETE UNSHADED AREASRHODE ISLAND DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED	DECEASED — FIRST NAME			MIDDLE	LAST	SEX	DATE OF DEATH (Month, day, year)
	1 Rob			Morris	ROBIN	2 Male	3 SEPTEMBER 11, 2000
TYPE OR PRINT IN BLACK INK	HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number.)					CITY, TOWN, OR LOCATION OF DEATH	
	4a Miriam Hospital					4b Providence	
AGE — LAST BIRTHDAY (Year)	UNDER 1 YEAR	1 YEAR TO 10 YEARS	10 YEARS TO 18 YEARS	DATE OF BIRTH (Month, day, year)	BIRTHPLACE (City and State or Foreign Country)	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) NAME WAR	
	5a 75	5b	5c	6 Feb. 21, 1925	7 Providence, R.I.	8 Yes WWII	
RACE — Am. Indian, Black, White, etc. (Specify)	ETHNIC ORIGIN — Cuban, Mexican, P. Rican, etc. (Specify)			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SPOUSE (If wife, give maiden name)		
	9a White			9b Russian	10 Widowed	11 Natalie L. Cohen	
SOCIAL SECURITY NUMBER				USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)		KIND OF BUSINESS OR INDUSTRY	
12 037-12-9564				13a Real Estate Broker		13b Real Estate	
RESIDENCE ADDRESS (House number, street name)						CITY OR TOWN OF RESIDENCE, STATE & ZIP CODE	
14a 55 Bliss Road						14b Newport, RI 02840	
MAILING ADDRESS — If different from residence address in item above (PO Box, RR, City, Town or Village, State, Zip Code)							

PARENTS	FATHER — FIRST NAME			MIDDLE	LAST	MOTHER — FIRST NAME			MIDDLE	MAIDEN NAME	
	16 Benjamin				Robin	17 Eva				Lasovitsky	
DISPOSITION	INFORMANT — NAME					MAILING ADDRESS (Street or R.F.D. Number, City or Town, State, Zip Code)					
	18a Charles C. Robin					18b 1528 Smithfield Avenue Lincoln, RI 02865					
BURIAL, CREMATION, DONATION, OTHER (Specify)	PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)					CITY OR TOWN		STATE			
	19a Cremation					19b East Bay Crematory, Inc. East Providence, R.I.					
SIGNATURE OF FUNERAL HOME LICENSEE	FUNERAL HOME — NAME					FUNERAL HOME DIR. LICENSE NUMBER					
	20a [Signature]					20b O'Neill-Hayes Funeral Home		20c 41			
ITEMS BELOW TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY					FUNERAL HOME ADDRESS (Street or R.F.D. Number, City or Town, State, Zip Code)						
					20d 465 Spring Street Newport, RI 02840						

CERTIFIER	To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated					DEGREE OR TITLE	RI LICENSE NUMBER	DATE SIGNED (Month, day, year)
	21a [Signature]					M.D.	21b 8370	21c SEPTEMBER 11, 2000
NAME OF CERTIFIER (Type or print)	IF HOSP. OR INST. Indicate DOA, OP, Emerg. Rm., Inpatient (Specify)					HOUR OF DEATH (If unknown, so state)		
	22 ANJALI TALWALKAR					23 MIRIAM HOSPITAL - INPATIENT		24 8:32 AM
ADDRESS OF CERTIFIER (Street or R.F.D. Number, City or Town, State, Zip Code)					WAS DEATH REFERRED TO MEDICAL EXAMINER (Specify)			
25 164 SUMMIT AVE. PROVIDENCE, RI 02906					26 [Signature]			
NAME AND ADDRESS OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)					LENGTH OF ATTENDANCE (Specify) (Yrs., mos., mos., yrs.)			
27a DR. SCHWENGLER 1076 NORTH MAIN ST. PROVIDENCE, RI 02904					27b 3 months			
REGISTRAR	REGISTRAR					FILE DATE — DATE RECEIVED BY REGISTRAR (Month, day, yr.)		
	28a [Signature]					28b SEP 15 2000		

CAUSE OF DEATH	29. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure					Approximate Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)					MINUTES	
SEE INSTRUCTIONS ON OTHER SIDE	Sequelae list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST					DAYS	
	a ASYSTOLE					3 DAYS	
b LOW-OUTPUT CARDIAC FAILURE					2 WEEKS		
c PROSTHETIC AORTIC VALVE LEAKAGE							
d PROBABLY INFECTIOUS ETIOLOGY							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I					AUTOPSY (Yes or No)		
					30a		
ACCIDENT (Specify Yes or No)					DATE OF INJURY (Month, day, yr.)		
31a NO					31b		
HOUR OF INJURY					DESCRIBE HOW INJURY OCCURRED		
31c					31d		
INJURY AT WORK (Specify Yes or No)					PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)		
31e NO					31f		
LOCATION					STREET OR R.F.D. NUMBER		
31g					CITY OR TOWN		
					STATE		

VS-2 Rev 1-88

I hereby certify that this is a true and exact copy of the document officially registered and placed on file in the issuing office.

Issuing Office City Registrar ProvidenceDate of Issuance SEP 15 2000Signature of Registrar VICTOR W. FERA

THIS COPY VALID ONLY IF ISSUED ON PAPER WITH ENGRAVED BORDER DISPLAYING RAISED SEAL AND SIGNATURE OF STATE OR LOCAL REGISTRAR.

VS-81

Right to claim

I, ROB M. ROBIN, of Newport, Rhode Island, declare this to be my will and revoke all previous wills and codicils

FIRST: DEBTS, EXPENSES, TAXES. My debts and the expenses of my last illness and funeral and of settling my estate shall be paid from my estate. All estate taxes (as hereinafter defined) shall be paid from my estate in the same manner as my debts unless paid by the trustee or trustees of The Rob M. Robin Trust - 1998.

SECOND: TANGIBLES. I give all my tangible personal property in equal shares to such of my children, Caryn Rae Robin, Charles C. Robin, and Benjamin Robin, (hereinafter "my children"), as are then living.

THIRD: RESIDUE. I give all the residue of my estate, real and personal, to Charles C. Robin, or any successor or successors, as trustees of The Rob M. Robin Trust - 1998, which I signed and established today before executing this will, to be added to the property held under said Trust, as amended as of my death.

FOURTH: POWERS OF EXECUTOR. I empower my executor without order or license of any court:

1. To appoint general or specific proxies, and to place stock in voting trusts.
2. To participate in or disapprove any reorganization, recapitalization, consolidation, merger, winding up or readjustment of the indebtedness of any corporation or association; to give investment representations, warranties, indemnities and guarantees; and to reject any exchange or other offer for property even though substantially above quoted current market values, and to seek appraisal rights or other rights in court or otherwise.

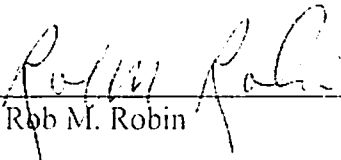
3. To compromise or submit to arbitration any matters in dispute.
4. To sell assets at public or private sale, for cash or on credit, together or in parcels; and to sell real estate even though there may be personal property which might be sold.
5. To invest and reinvest assets and to continue to hold any investments received from me (without regard to the proportion which such investments may bear to total investments) even though the same may be speculative or unseasoned.
6. To divide my tangible personal property among the persons entitled thereto, and if a beneficiary is a minor the receipt of such minor or the person having actual custody of such minor shall completely acquit my executor.
7. To borrow money from any lender, but without individual liability therefor; and as security for such borrowing to mortgage or pledge assets upon such terms as deemed advisable; to mortgage real estate even though there may be personal property which might be pledged; and in connection with such borrowing to deal with any corporate executor or any affiliate in the same manner as with a stranger; and no lender shall be responsible for the application of the proceeds.
8. To execute all deeds, mortgages and other documents to carry out any of the foregoing powers.

FIFTH: DEFINITIONS AND OTHER PROVISIONS.

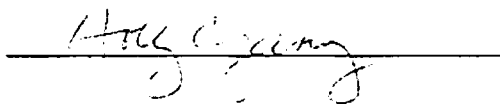
1. The term "estate taxes" refers to any federal, state or foreign estate, inheritance or like taxes on account of any property included in my gross estate in the final determination of such taxes.
2. The term "my tangible personal property" refers to my personal effects, jewelry, books, household furniture, furnishings and effects, automobiles and all other tangible personal property which I own at my death but does not include money, securities or the like.
3. The term "my executor" refers to my executor, any alternate executor and any administrator with this will annexed.
4. The term "residue" does not refer to or include any property, real or personal, over which I shall have power of appointment.
5. The term "give" means devise and/or bequeath and, unless otherwise specified in this will, shall transfer all of my interest in the property given.

SIXTH: EXECUTOR. I appoint my son, Charles C. Robin, of Lincoln, Rhode Island, executor. If he fails or ceases to serve, I appoint my son, Benjamin Robin, of Wakefield, Rhode Island, successor executor. No executor shall be required to furnish any bond or surety.

IN TESTIMONY WHEREOF, I have to this will written on three pages set my hand on June 5, 1998.


Rob M. Robin

Rob M. Robin declared this instrument to be his will and signed it in our presence and we have at his request signed our names as witnesses in his presence and in the presence of each other.



Residing at 7 Ocean Ave
Providence R.I.

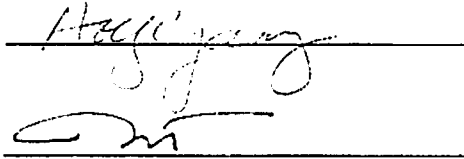


Residing at 5 Halden Tenue
Npt, RI

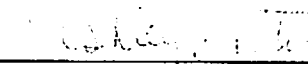
STATE OF RHODE ISLAND
COUNTY OF PROVIDENCE

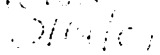
On June 5, 1998, then and there personally appeared the undersigned, who, being duly sworn, depose and say: that they witnessed the execution of the will of ROB M. ROBIN dated June 5, 1998; that the signature to the will is in the handwriting of the testator; that said testator so subscribed said will and declared the same to be his last will and testament in their presence:

that they thereafter subscribed the same as witnesses in the presence of said testator and in the presence of each other; that at the time of the execution of said will the testator appeared to be of sound mind and eighteen (18) years of age or over; and that the signatures of the witnesses on said will are genuine.

Two handwritten signatures are written on two horizontal lines. The top signature is more elaborate and cursive, while the bottom signature is simpler and more direct.

Subscribed and sworn to before me on the day and date first above written.



Notary Public
My Commission expires: 

FORM 3011-1 (1/08)

[FORM OF] CERTIFICATE OF SERVICE

In accordance with 28 U.S.C. § 2042, the undersigned hereby certifies that on 4/28/09, a true and correct copy of the foregoing Application (and all attachments) was mailed via first class mail, postage prepaid, to:

United States Attorney
Attn: Civil Process Clerk
110 West 7th Street, Suite 300
Tulsa, Oklahoma 74119-1029

US Trustee
224 Boulder Ave., Suite 225
Tulsa, OK 74103-3026

Case Trustee
Steven W. Soule
320 S. Boston Ave., Suite 200
Tulsa, OK 74103-3706

Debtor Attorney
Mark A. Craige
3501 S. Yale
Tulsa, OK 74135

Debtor
Tiger Petroleum Company
1438 S. Boston
Tulsa, OK 74119

Note: Pursuant to Local Bankruptcy Rule 3011-1(B), notice of the Application shall also be served upon the following parties:

1. *Debtor and Debtor's counsel, if any;*
2. *Trustee for the above referenced bankruptcy case*
3. *United States Trustee; and*
4. *Original creditor and creditor's counsel, if any, if the Claimant is not the original creditor in the case.*

THE FINANCIAL RESOURCES GROUP, INC.

700 Mechem Drive, Suite 8B
Ruidoso, New Mexico 88345
Telephone: 800-820-0597 Fax: 800-352-0597

Friday, April 24, 2009

U.S. Bankruptcy Court
Sherry Hodson
224 S. Boulder Ave.
Tulsa, OK 74103

Re: Application for Payment of Unclaimed Funds

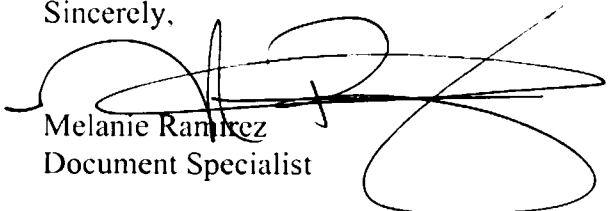
DEBTOR:	Tiger Petroleum Company
CASE NO.	99-01273-M
CREDITOR:	Rob Robin
AMOUNT:	\$879.70

Dear Ms. Hodson:

Enclosed, please find the necessary documents for our clients application for payment of unclaimed funds in the above referenced case.

Please advise me if any further information is required.

Sincerely,


Melanie Ramirez
Document Specialist

enclosures